

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/10/00

ENTERED - 7-18-00 - SB
00L0441 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2300.00 property and/or \$ None bodily injury for which I contend the City is liable.

1. Date of incident: June 17, 2000 (month/day/year) 2. Time of Incident: 17:49 3. Police called: Yes No
4. Location of incident (including street address): Cross Creek High School, 3855 Old Waynesboro Rd., Augusta, GA 30906
5. Name of your insurance company: State Farm Policy No. C460459-C13-40A
6. State what and how incident occurred: A parent came to me and told me that a van hit my parked car.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: GEO 1996 Thelma Dawood
(Make) (Year) (Tag Number) (Driver's Name)

City: Food/van Jeff Stanael City of Atlanta Bureau of Recreation
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Thelma Dawood
(Print Claimant's Name)

943 Georgetown Drive
(Address)

North Augusta, SC 29841
(City, State and Zip Code)

(803) 557-6045 278-5773
(Work Number) (Home Number)

00-R-1760

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0441

Date: October 17, 2000

Claimant /Victim THELMA DAWOOD

BY: (Atty) (Ins.Co.) _____

Address: 943 Georgetown Drive, North Augusta, South Carolina 29841

Subrogation: Claim for Property damage \$ 2,300.00 Bodily Injury \$ _____

Date of Notice: 07/12/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/17/00 Place: 3855 Old Waynesboro Road, Augusta, Georgia

Department PRCA Division: _____

Employee involved Jeff Stancil Disciplinary Action: Verbal Warning

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's parked vehicle causing damages in the above amount. However, the claimant has elected to receive payment for her damages through her insurance carrier, see claim number 00L0599.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. X Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-17-00

Committee Action: _____ Council Action _____